

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$46.44 for dates of service, 08/14/01 and 08/16/01.
- b. The request was received on 02/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. TWCC 66a
 - c. Medical Account Statement
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 04/26/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 04/26/02. There is no Carrier 14 day response to this medical fee dispute in the file, evidently due to the fact no response to the notice was received from the Requestor. However, an initial response was submitted.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: No response statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 08/14/01 and 08/16/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$119.48 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$73.04 for services rendered on the above dates in dispute.
5. Carrier's Alternate TWCC 62 denies payment as, "M *Contract Savings Per National ChoiceCare or CCN PPO Agreement".
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$46.44 for services rendered on the dates of service in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/14/01 08/16/01	Celebrex Hydrocodone w/APAP	\$86.31 \$33.17	\$68.44 \$4.60	M M	No MAR No MAR	TWCC Rule 133.304 (c); MFG Pharmacy Ground Rules	TWCC Rule 133.304 states "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier's EOB does not address or support their denial for CPT Code billed. Therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$46.44 is recommended
Totals		\$119.48	\$73.04				The Requestor is entitled to reimbursement in the amount of \$46.44 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$46.44** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31st day of January 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt